STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 12/14/2012			
NAME OF PROVIDER OR SUPPLIER ROSEWALK AT LUTHERWOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219					
(X4) ID PREFIX TAG R0000	This visit was for Licensure Survey Dates: 14, 2012 Facility Number Provider Number AIM Number: No Survey Team: Karina Gates E Courtney Mujic Census Bed Ty Residential: 96 Total: 96 Census Payor Other: 96 Total: 96 Sample: 7 These state fin accordance with the state fin	December 12, 13, and er: 011587 per: 011587 N/A BHS TC E RN type:	ROOG	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEPICIENCY) 12/24/12 To Whom It May Concern: On December 14, 2 a Heatlh Survey was conducte at Rosewalk at Lutherwoods, Residential Care Facility. This letter is attached to the plan or correction, which does not constitute an admission by thi provider of any conclusion set forth in the statement of deficiencies, or any violation or regulation. We are respectfur requesting that the attached p of correction be considered th letter of credible allegation and requesting a desk review, in li of a Post Survey review. Tha you very much for your time a consideration. Sincerely, Mich I KalmasGeneral ManagerRosewalk at Lutherwoods	2012 ed s f s of lly lan e d eu ank	(XS) COMPLETION DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(2) MULTIPLE CO . BUILDING . WING	00 	(X3) DATE SURVEY COMPLETED 12/14/2012		
STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219				
		(X5) COMPLETION DATE		
R0187	PLAN OF CORRECTION Rosewalk at Lutherwoods Residential The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Certification Review on or after December 2012. R-187 The facility strives to ensure the the facility makes arrangement to ensure that hot water temperature for all bathing and hand washing shall be controll by an automatic control valve. Water temperatures will be maintained between one hund (100) degrees Fahrenheit and	12/24/2012 of ot same of the		
_	STREET A 1301 N INDIAN ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219 ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Certification Review on or after December 2012. R-187 The facility strives to ensure the the facility makes arrangement to ensure that hot water temperature for all bathing and hand washing shall be controll by an automatic control valve. Water temperatures will be maintained between one hund		

State Form Event ID: P05211 Facility ID: 011587 If continuation sheet Page 2 of 6

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) D			(X3) DATE S	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00		00	COMPLETED		
		B. WING			12/14/	2012	
			' 		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					RITTER AVE		
ROSEWALK AT LUTHERWOODS					APOLIS, IN 46219		
(X4) ID				ID	,		(X5)
PREFIX	SUMMARY STATEMENT OF DEFICIENCIES		p	REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	DATE
1110	degrees Fahre	<u> </u>		1110	degrees Fahrenheit.		5.112
		kitchenette sink -			aog. see i amerinen.		
					New mixing valve was purchased and installed on 12/13/2012.		
	121.1 degrees	ramemen					
	A.51						
	After retrieving				Water temperatures are being monitored by Maintenance Supervisor/GM/Designee daily. How will you identify other residents having the potential to be affected by the same		
		the thermometer					
		the mixing valve in the					
		vas observed at 122					
	•	nheit. During an					
	interview with t	he Maintenance			deficient practice and what		
	Director and Maintenance Assistant at this time, both confirmed the thermometer indicated 122 degrees				corrective action will be take	n?	
					All residents have the potentia		
	Fahrenheit. The Maintenance Director indicated his system for monitoring water temperatures was that he checked water temperatures of five random rooms on each of the facility's three floors daily, but did not log these temperatures. He indicated				be affected. Water temps will taken and logged to ensure	be	
					temperatures are maintained.		
					What corrective actions will be	эе	
					accomplished?		
					Resident Rooms and Comn	<u>non</u>	
					Areas		
		down as he took			 New mixing valve was purchased and installed on 		
		on a piece of paper,			12/13/2012.		
					·Facility will monitor water	r	
	undated. At this time, he searched his desk for documentation of the most recent water temperature tracking. He found a form entitled "Daily Water Temperatures." The form indicated, "Water temperatures should be taken and recorded daily. Randomly select the rooms or areas where water temperatures are to be read. Fill in the date in the <u>Date</u> column, the room number or area where the temperatures are being taken in the <u>Room #</u> column, and the				temperatures and log water		
					temperatures daily to ensure		
					appropriate temperatures are		
					maintained.		
					·On 12/13/2012, Maintenance Supervisor was		
					re-educated on water		
					temperatures and water		
					temperature monitoring, by GN	Л.	
					·On 12/21/2012,		
					Maintenance Assistant was		
					re-educated on water		
					temperatures and water temperature monitoring, by GN	Л	
					tamporataro morntornig, by On		
		<u> </u>					

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STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A DITH DDIG		00	COMPLETED	
			A. BUILDING			12/14/2012	
		<u> </u>	B. WIN		ADDDESS CITY STATE ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP CODE		
DOOFWA	A A	2000			RITTER AVE		
ROSEWA	ALK AT LUTHERW	OODS		INDIAN	IAPOLIS, IN 46219		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	DEFICIENCY)	DATE	
	actual tempera	ature reading in the			What measures will be put in	nto	
	Week column.	depending on which			place or what systemic		
	week of the me	. •			changes you will make to		
		between 100-120			ensure that the deficient		
					practice does not recur?		
		ntained in resident care					
		ist date on the log was			The General Manager and Maintena Supervisor installed a new water mix		
		e Maintenance Director			valve on 12/13/2012.	\"''9	
	indicated he st	topped logging water					
	temperatures l	because, "I've never			Maintenance Supervisor was	and	
	had a problem	."			re-educated on water temperatures tracking them on a water temperature		
	The dispression of the second				log on 12/13/2012, by GM.		
	On 12/13/12 at 2:40 p.m., the General Manager came into the						
					Maintenance Assistant was re-eduction water temperatures and tracking	ated	
	conference room with a cup of				them on a water temperature log on		
	·				12/21/2012, by GM.		
	crushed ice water to determine whether the thermometer used to						
					Facility will monitor water temperatu in 3 rooms (1 per floor) and log water		
	retrieve the ab	ove mentioned water			temperatures to ensure appropriate		
	temperatures v	was accurately			temperatures are maintained, daily.		
	calibrated. Th	e thermometer in			If concerns are noted, Maintenance		
	question was placed into the ice water and indicated 32 degrees Fahrenheit.				Supervisor/GM/Designee will be not	ified	
					immediately for corrective action.		
		- 30g. 000 i ainomioit.			Coporel Mazazaz will assistant		
	On 12/13/12 at 3:00 p.m., the				General Manager will review temperature log to ensure complete	d	
					timely and appropriately.		
	following temp	eratures were					
	observed:				How will the compatible action (-) !-		
	Resident #22's kitchenette sink -				How will the corrective action(s) be monitored to ensure the deficient	# 	
					practice will not recur, i.e., what		
	123.6 degrees Fahrenheit				quality assurance program will be		
	Resident #22's bathroom sink - 126.5				put into place?		
	degrees Fahrenheit Resident #78's bathroom sink - 124 degrees Fahrenheit				Ganaral Managar/Maintanana		
					General Manager/Maintenanc Supervisor/Designee will be	C	
					auditing the water temperature	es	
					in 3 resident rooms (1 on each		
					floor) and document the water		
	On 12/13/12 at 3:17 p.m., another observation of the thermometer				temperatures on the water		
					temperature log.		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	00	12/14/2012	
		<u> </u>	B. WING	ADDDECC CITY CTATE ZIP CORE	1
NAME OF F	PROVIDER OR SUPPLIEF	R		ADDRESS, CITY, STATE, ZIP CODE	
ROSEWALK AT LUTHERWOODS				IAPOLIS, IN 46219	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI	E COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
		the mixing valve in the		The Safety Committee will re	eview
	_	was observed and		will be	
	remained at 12	22 degrees Fahrenheit.		nsure	
	Din	and account the tile at O		that no further issues arise f	
	1	rview with the General		water temperatures being or	utside
	Manager on 12/13/12 at 3:30 p.m., he			of guidelines.	
		current mixing valve was		Audits will be completed by	
	1 -	d a new mixing valve		Maintenance	
		He indicated the facility		Supervisor/GM/Designee da	
		water temperatures		1 month, and then x5 per we on-going. Audit results will the	
	overnight, inform the residents of the			documented on the water	J C
	•	peratures, and the		temperature log.	
	_ ·	I be fixed the following			
	day.			Completion Date: December 2012	er 24,
	During another	r interview with the			
	General Mana	ger on 12/14/12 at			
	11:00 a.m., he	indicated the new			
	mixing valve ca	ame in, and the water			
	temperatures v	were between 100 and			
	120 degrees F	ahrenheit.			
	On 12/14/12 a	t 11:20 a.m., the			
	General Manager provided a copy of the "Picking Ticket" that indicated a "Tempcontrol cartridge" was ordered				
	'	ed to the facility on			
	12/13/12. He	also provided a copy of			
	the "Packing List" that indicated two digital thermometers were ordered				
	and shipped to	the facility on			
		opy of the "Employee			
	Coaching & Co	ounseling" form was			
	also provided a	and indicated, "What			
	policy/procedu	re/performance action			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2012 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING B. WING	00	COMPI	LETED		
NAME OF F	PROVIDER OR SUPPLIEF	3		ADDRESS, CITY, STATE, ZIP C	ODE			
ROSEWALK AT LUTHERWOODS			1301 N RITTER AVE INDIANAPOLIS, IN 46219					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
	was violated; o education/train The form was s Maintenance D	or needs further ing? -Water temp log."						

State Form Event ID: P05211 Facility ID: 011587 If continuation sheet Page 6 of 6